

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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EC 20-012

2019 REGISTRATIONLobbyist Registration
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

FORMBY MICHAEL DAVID

LOBBYIST FIRM/EMPLOYER (if applicable)

PACIFIC RESOURCE PARTNERSHIP

TELEPHONE

808-380-8831

MAILING ADDRESS (No. and Street or P.O. Box)

1100 ALAKEA ST / 4TH FLOOR

FAX

EMAIL

mformby@prp-hawaii.com

(City)

HONOLULU

(State)

HI

(Zip Code)

96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

PACIFIC RESOURCE PARTNERSHIP

TELEPHONE

808-380-8831

MAILING ADDRESS (No. and Street or P.O. Box)

1100 ALAKEA ST / 4TH FLOOR

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96813

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS


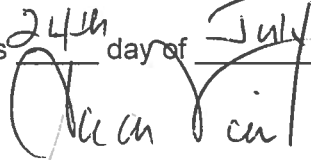
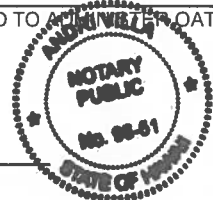
☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE


PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): RESILIENCY, CLIMATE CHANGE, ENERGY, TOD, HOMELESSNESS		

PART IV LOBBYIST CERTIFICATION

<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 7/24/2019 DATE	Subscribed and sworn to before me This <u>24th</u> day of <u>July</u> , 2019. By:  ANDRI VILLA NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>1-30-2020</u> 
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PART V AUTHORIZATION TO LOBBY

NAME MICHAEL D. FORMBY		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED EXECUTIVE DIRECTOR
NAME OF ORGANIZATION (if applicable) PACIFIC RESOURCE PARTNERSHIP		TELEPHONE 808-380-8831
MAILING ADDRESS (No. and Street or P.O. Box) 1100 ALAKEA ST / 4TH FLOOR		FAX
(City) HONOLULU	(State) HI	EMAIL MFORMBY@prp-hawaii.com
(Zip Code) 96813		
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented) 7/24/2019 (Date)		

Document Date: 7/24/19 #Pages: 2
Name: ANDRI VILLA X1B1 Circuit
Doc. Description: 2019 Registration
Andri Villa 7/24/19
Signature/My Commission Expires Date
NOTARY CERTIFICATION 7/26/20

